N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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PLACE OF DEATH 3058	STATE OF MARYLAND CERTIFICATE OF DEATH
County Clark County	Registration Dist. No. 437
FULL NAME Assa Land An	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, WIDOWED, WIDOWED, (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day) (Year)	Nov 3 1 , 1913, to 5 4 8 , 1914. that I last saw h 2 alive on 5 8 , 1914
7 AGE 1 If LESS then 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, Br particular kind of work (b) General nature of Industry, business, or establishment in Unemployed,	Cardias Ich umalism
which employed (or employer) BIRTHPLACE (State or country) Carolina	Gontributory (Secondary) (Duration)
10 NAME OF FATHER 11 BIRTHPLACE	(Signed) At Denge Simmons, M. D. Mich G., 191 4 (Address) Chester town
OF FATHER (State or country) Countilities (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TAUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs, mos, ds. Where was disease contracted, If not at place of death? Former or
(Address) Chestetown////; 15 Filed Drande, 1914	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL / ACCORDANCE OF BURIAL
RECISTRAR It more blanks are needed, address State Registrar	Charles Checkerfoure, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseass of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," -Coal 6

Statement of cause of death—Name, first, the nisease causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichno. "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 de.: affection need not be stated unless important. uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medicai Association.) "Contributory." Accidental drowning; Struck by railway trainmere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitlal nephritis oma. Surcoma. etc., of The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

DEATH in plain terms, so that it may be

CAUSE OF important.

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WRITE PLAINLY, WITH

RECORD

PERMANENT

1 PLACE OF DEATH Queen.

3059



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Deutreviere his

Vil	lage or City		(NC		Blake -		[it death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERS	ONAL AND STATISTI	CAL PARTICUL	ARS	MEDIC	AL CERTIFICATE	OF DEATH
3 5	EX Mala	4 COLOR OR RACE	MARRIED. S	Suigle -	16 DATE OF DEATH	mareli-	(Day (Year)
8 D.	ATE OF BIRT		27- (Day		Jan-12-	, 1914, to ma	at 1 attended deceased from
TA	GE	L yrs.		If LESS than	and that death occurre	H* was as follows	ted above, at 11. 30 Am
(b) bus whi	rticular kind of w General nature liness, or estab ich employed (or IRTHPLACE (State or cou	of industry, elishment in employer) antry) Queen	Luna Co.	ms	Contributory Secondary	***************************************	yrs 4 mos d
ARENTS		E wany LACE HER or country) Just	Blake-		March-10-, 191.4	(Address)	
13 BIRTHPLACE OF MOTHER Many Jane Haymon 13 BIRTHPLACE OF MOTHER (State or country) Queen and Co- Mile 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Change Slake (Jather)		18 LENGTH OF RESIDENT At place	ENCE (FOR HOSPITA a) In the nos ds. State ed,	E yrs ds			
15	(Address).	R.J.A. (eu	0	REGISTRAR	19 PLACE OF BURIAL BURISHEL 20 UNDERTAKER J. J. J. OW	OR REMOVAL	DATE OF BURIAL Manch 12 , 191 ADDRESS

f more blanks are needed, address State Registrar, 6 E. Franklin St., Ballon Requesting V. S. No. 1.

No. 202

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—it respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid ineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probabily ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgeuital," "Senile," etc.), "Dropsy." "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Nevcr report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 13 1914
BURGAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION-15-very.

stated EXACTLY.

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See instructions on back of certificate.

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CAUSE OF Important. S

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STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Entreville (No	St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR BACE SINGLE, MARRIEO, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Muc. 2 , 1914 (Month) (Day (Year)
Month) (Day (Year)	17 I HEREBY GERTIFY, That I attanded deceased from Thy 27, 1914, to Mch 2, 1914, that I last asw held allve on mach 2, 1914
7 AGE If LESS than	and that death occurred on the date stated above, at
(a) Trade, profession, or perticular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Quation) yrs mos. 4 ds.
OF FATHER (State or country) Proline Co. The State or country or alive Co. The State or country	Contributory Secondary Secondary (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signe
of MOTHER Com Maria Church 13 BIRTHPLACE OF MOTHER (State or country) Caroline Do mil	At place of death
(Informant) (Address)	Where was disease contracted, If not at place of death? Former or usual residence. 1 PLACE OF BURIAL OR REMOVAL SURVINION SURVINION STATE OF BURIAL 20 UNDERTAKEN BURIAL ADDRESS FOR THE SURVINION SURV

ff more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Househeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Irdrm laborer, Laborer-Coal additional line is provided for the latter statement; For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," 'Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Forendn, (b) Automobile factory. it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Précise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be Indivery Important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," The (2)

Statement of cause of death—Name, first, the disease causard representation, using always the same accepted term for the same disease. Exhibites: Cerebrospinal fetter (the only definite synonym is "Epidemic cerebrospinal methingitis"); Diphtherib (avoid use of "Croup";) Typhoid Herdr (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculicits of lungs, meninges, peritonigeum, etc., Carcin-

childbirth or miscarriage as "Tuerperal septichae ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATES State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puemperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the 'mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ratvular heart disease; Chronic interstitial nephritis, nant neoplasins); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ample: Medsles (disease causing death), 29 ds.; affection need not be stated unless important. Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) (Recommendations on statement of muy be stated under the head For Vio-



MARGIN RESERVED FOR BINDING

B. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

County 2 Amas County Mil	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City (No. (No.)	Registration Dist. No. [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Flewale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOWEO, OR OIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I stiended deceased from		
(Month) (Day) (Year) 7 AGE Sout (Luon 1 day,	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:		
GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Canco Action		
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Country)	(Duration)		
11 BIRTHPLACE OF FATHER (State or country) Caroline 12 MAIDEN NAME OF MOTHER OF MOTHER 4 ATMINISTRATION	(Signed) (Address) (Azalarlowa M.D. Marak 7, 1914 (Address) (Azalarlowa M.D. State the Disease Causing Death, or, in deaths from Violent		
13 BIRTHPLACE OF MOTHER (State or country) Careline	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death		
(Informant) The Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) 16 Filed M. a. s.l. 7, 191.4 RECISTRAR	20 UNDERTAKER AUTHOR DATE OF BURIAL OF 191 H		
pore blanks are needed, address State Registrate	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. 8. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use "Croup"); Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal scottchace cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras ample: Mcastes (disease causing death), 29 ds. sepsis, tetanus) may he stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can he ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin : "Can Examples:



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, s Important. 1 PLACE OF DEATH

3062



STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No.
Village or City Inny hell (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale Whele (Write the word)	16 DATE OF DEATH March., 191— (Month) (Day (Year)) 17 / I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h un allve on March 5, 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12.22.776 The CAUSE OF DEATH* was as toflows:
particular kind of work	Contributory Secondary (Ouration) yrs mos ds (Signed) August March 191 March March
11 BIRTHPLACE OF FATHER (State or Country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) A Dadds	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients of Recent Residents) At place in the ot death
(Address) Summan In 1 16	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLEASE CONTRACT 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. σĝ

N. B.-

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Auaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Never report For vio-



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Sulle Sulla (No. 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 253 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 1 0 0 5	(Month) (Day (Year) 17 J HEREBY CERTIFY, That I attended deceased from
(Month) (Day Wear)	that I last saw half alive on Melly 44, 1914
7 AGE 15 Jrs. omos ds. or	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Sulled Alexen Co	Contributory Application yrs 5 mos ds. Contributory Application yrs 5 mos ds.
10 NAME OF FATHER ROPGE ROUBY 11 BIRTHPLACE OF FATHER (State or country) Scleen Acros Co 12 Maiden NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
Filed Mar 7, 191 J. Anhan & Lander REGISTRAR	PARVINGENTALES , 191

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) first line will be sufficient, e. g.. Farmer or Planter, applies to each and every person, irrespective of age tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseAsE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b)_Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: But in many "Foreman," (0)

pneumonia"); lesis of lungs, meninges, peritonacum, ("Pneumonia," feter (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to "Croup";) Statement of cause of death-Name, first, the nisease meningitis"); Diphtheria Typhoid Lobar pucumonia; Bronchopneumonia unqualified, is indefinite): Tubercuforer (never report "Typhoid (avoid use of etc.,

> valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Can ctc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Tleart failure," "Haemorrhage," "Inaultion," "Marassuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Collabse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. thre of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Coutributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," may be stated under the head of (Recommendations on statement of (disease causing deatb), 29 etc.), "Dropsy," "Exhaustion," Ex-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN No.

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1 PLACE OF DEATH 3064	STATE OF MARYLAND		
County Lung Come	CERTIFICATE OF DEATH		
County	Registered No. 23/		
Village or City Very Susterville (No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead		
FULL NAME Flora Chlin	gsworth of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORD WORDED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)		
B DATE OF BIRTH May, 6, 1912	2000 dead, 191, to when I Saw Light,		
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 31°, m.		
One yrs. 10 mos. 12 ds. OR min.?	The CAUSE OF DEATH* was as follows: Probably Preumorus from		
(a) Trade, profession, or particular kind of work	Cympins gum me		
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 3 ds.		
9 BIRTHPLACE (State or country) Green and Co. Md.	Contributory (Secondary)		
10 NAME OF Millard Ellingsworth	(Signed) J'osler Sudler , MO.		
Z (State or country) Kent bo. Delaware	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.		
OF MOTHER Comma Shorts 13 BIRTHPLACE OF MOTHER (State or country) (aroline hy. Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the of death		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?		
(Address) Indleventle Mo.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed Mar 2 191 Mar 21 CE Smarth REGISTRAR	Midlessrile Cemetry March 21, 191 (C 20 UNDERTAKER ADDRESS Charel Hile		
If nort hanks are needed, address State Registrar, 8	E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (tetired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specigainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenciature of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For vio-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Seniie," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the death), 29 ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Cou	1 PLACE OF DEATH 3065/une	STATE OF MARYLAND CERTIFICATE OF DEATH
	P	Registration Dist. No. 257
Viii	age or City (No. 2)	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead or street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	La Coloror RAGE Single, Married, Widowso, Windwick, Windwick, Windwick, Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH Olgvot 1), 1805 (Month) (Day (Year)	that I last saw hard alive on Meh 18 ty 1914.
7 AG	if LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) l	CUPATION (rade, protession, or Plal Estatus Res	Tobar Promowa
busin	General nature of Industry, ess, or establishment in h employed (or employer)	(Duration) yrs mos ds.
	State or country) Julie Auro G	Secondary (Duration) yrs môs ds.
S	10 NAME OF Jr. E. B. Howfeel 11 BIRTHPLACE	(Signed) P. J. Seello, M. D.
ARENT	OF FATHER (State or country) / 2 alf lely	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
0	OF MOTHER Stroke C. preventerd	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) May 1 Bod	of death yrs mos ds. State yrs mos ds
	nformant) No the	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) Ollorch Hell Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Church Hill Centery Monal 18, 1914
Flier	A Exposite REGISTRAR	1 ADDRESS Church Hill
	More blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasenders); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ctc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarrlage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), may be stated under the head of (Recommendations ou statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



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Instructions

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STATE OF MARYLAND 1 PLACE OF DEATH ERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St:.....Ward) a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED. Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 843 (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 750 P.m. 1 day, hrs. The CAUSE OF DEATH * was as follows:min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 4 (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer." etc., without more precise specimaterial worked on may form part of the second It should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication. as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of etc. (name origin; "Candeath), 29 State cause for Examples: FOF VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

Village or City Bleech Hell Full NAME William Friesby	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 45 St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE AGE AGE (Month) (Month	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 J., 191 J., to J.
13 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE (Informant) (Address) (Address) 15 Filed (Address) REGISTHAR If more blanks are needed, address State Registrar, 6 E	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence. 19 place of Buriar or Removal Checker Nell Cecusely 20 undertaker Address Address Checker Nell Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mallg The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH anch-MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) 1.20 (Day (Year) and that death occurred on the date stated above, at 2. TAGE If LESS than 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. Obleer o Stomach (b) General nature of industry. business. or establishment in (Buration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 191. (Address) OF FATHER (State or country) 12 MAIDEN NAME

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. ... _ mos. _ _ ds. State . Where was disease contracted. If not at place of death?

usual residence

Former or

20 UNDERTAKER

DATE OF BURIAL

[If death occurred in

(Year)

a hospital or institution. give its NAME Instead of street and nomber.1

ADDRESS

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REGISTRAR more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of tungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichac-Never report



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS PLAINLY, WRITE N. B.-

3069

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

.Ward)

[If death occurred la a hospital or institution, give its NAME instead

2FULL NAME Beatice freez			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)		18 DATE OF DEATH WY, 1914 (Month) (Day (Year)	
		17 I HEREBY CERTIFY, That I sttended deceased from	
	Month (Day (Year)	that I last saw her allve on hor 26, 1914	
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at $4-36a$ m, The CAUSE OF DEATH* was as follows:	
(a	CCUPATION) Trade, profession, of rticular kind of work	Interculario Philmonery	
bus	General nature of Industry, ciness, or establishment in Ich employed (or employer)	(Duration)	
9 B	(State or country) Maryland	Contributory Secondary (Duration)	
	10 NAME OF FATHER WIN Lyreen	(Signed) It I My Thurson, M.D.	
PARENTS	OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-	
PAR	of MOTHER Bleffeth Hans	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.	
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the of death yrs mos ds. State yrs mos ds	
3	(Informant)	Where was disease contracted, If not at place of death? Former or usual residence	
16	(Address) Centreville M	Wentrevello Marza, 1914	
	J/28 4 / 20 Hunard	20 UNDERTAKER ADDRESS	

REGISTRAR

If more blanks are needed, address State Registran 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the oecupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease material worked on may form part of the second For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-tesis of lungs, meminges, peritonaeum, etc., Carcin-

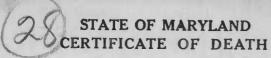
thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenelainjury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaccte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," cte.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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7 12	SE	
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3070 1 PLACE OF DEATH County - men lune



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	Registration Dist, No. 254
Village or City Windlester (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, DROIVORGED (Write the word)	16 DATE OF DEATH March 25 , 1914 (Month) (Day (Year)
Ochbur 2, 1896 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE It LESS than the state of	and that death occurred on the date stated above, at
Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	I did not sel this try alin ful ' Janu lustory should (Duration) / yrs mos ds
9 BIRTHPLACE (State or country) Mary laud. 10 NAME OF FATHER Harde Me //.	Contributory Day Pulsumary Futur lulas. Secondary (Ouration) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds Where was disease contracted,
(Informant) Storge Gregoria	It not at place of death? Former or usual residence
Filed 3/25 1914 Mellelounar Registran	19 PLACE OF BURIAL OR REMOVAL Buyong lob of M. M. M. A. 27, 1914 20 UNDERTAKER MCO MCOOLLING Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant ueoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name orlgin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head State cause for Never report For vio-



No. 1. 202

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PHYSICIANS should state of OCCUPATION is very Exact statement PERMANENT stated EXACTLY. 4 properly classified. UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. WITH CAUSE OF Important. S

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 250

Ilt death occurred in

FULL NAME Dowthy His	St.; Ward) a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex Colored Single, MARRIED, WIDDWED, ORDINORCED ORDINORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year) 7 AGE It LESS than 1 day,hrs. OR	that I last saw had allve on 3 - 5 - 191 % and that death occurred on the date stated above, at 8 9, m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Crimatury Burth
OF TATHER COUNTY States 10 NAME OF FATHER COUNTY States 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF STATES	(Signed) (Si
of MOTHER Cara . Strue 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death?
(Informant) Oliva Janes (Address) Barela 15 Filed Manage Mo. 1914 A. H. Phillips MEGISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Darclay Ma Financh 9., 191/2., 20 UNDERTAKER Fames & Flines Barday, Indo
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—aeei-LENT DEATHS State MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "PUERPERAL septichae-State cause for "Exhaustion," Never report



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	PLACE OF DEATH 3072	
Co	unty July aung	
Vill	lage or City Winelesta (No.	
	FULL NAME Ausuda	
	PERSONAL AND STATISTICAL PARTICULARS	
331	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, ORDIVORCED (Write the word)	
6 D/	ATE OF BIRTH	
	Lanny,	
TAC	(Month) (Day	
	68 yrs / mos ds OR	
(a) par (b)	OCCUPATION OTRADE, profession, or Wouse Keefer: General nature of Industry,	
	iness, or establishment in Relined	
9 BI	RTHPLACE (State or country) hew house	
	10 NAME OF Gilbert & lanx	
ENTS	11 BIRTHPLACE OF FATHER (State or country) Hern Jesse	
PAR	12 MAIDEN NAME Rebeca Inced	
	13 BIRTHPLACE OF MOTHER (State or country) Weller ferry	
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	
7 0 000 2		

1 PLACE OF DEATH

(No....

(Year) It LESS than 1 day,....hrs.

OR ?

If more clanks are needed, addres. State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20		
Ling	St.;Ward	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDI	CAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	March (Month)	(Day (Year)
that I last saw h.es	191 4, to M	1 attended deceased from ANAL 8, 1914. NUL 8, 1914.
The CAUSE OF DEA	TH* was as follows:	d above, at 8 a m
Contributory	(Ouration)	ds.
(Signed) and Marsh 9, 191	(Ouration)	yrs mos ds.
		r, in deaths from VIOLENT and (2) whether ACCIDEN-
At place of death yrs	mos ds. State	s, Institutions, Transients, yrs,
Prinches	LOR REMOVAL Ees 2460 M	DATE OF BURIAL 2142 /C, 1914
20 UNDERTAKER	looner	ADDRESS



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemla" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



S. No. 1.

N. B.

PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be st that it may be properly classified. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every item of information should be carefully su GAUSE OF DEATH in piain terms, so that it milmportant. See instructions on back of certificate.

PLACE OF DEATH

Vulen Ann

3073

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.
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.St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

2FULL NAME

PERSONAL AND STATIS	HIGAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Mole White	E SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day , 1914 (Year)
6 DATE OF BIRTH Marc	L 28 1916	I HEREBY CERTIFY, That	l attended deceased from
(Mont	h) (Day (Year)	that I last saw h long alive on	1 buth ,191
TAGE Still bith	It LESS that 1 day,hrs ORmin. ?	and that death occurred on the date state	
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	fant	Conformation & in a superior	
which employed (or employer) BIRTHPLACE (State or country)	t N/O	Contributory Joshian (Duration)	yrsmosds.
OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Prise	(Signed)	yrs nos ds. , M. D.
(State or country) 2 MAIDEN NAME OF MOTHER	BiD.	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	a. Co., 11/d.	At place of death where was disease contracted,	s, institutions, Transients, yrs, ds
(Informant)	ST OF MY KNOWLEDGE	If not at place of death? Former or usual residence.	***************************************
(Address)	Town, MU.	localence ma	DATE OF BURIAL 3/50 1914
Flied Mary 9 1914 25	y Local REGISTRAR	20 UNDERTAKER	ADDRESS

[Approved by U. S. Censns and American Public Health Association.]

gainfully employed, as At school or At home. "Manager," "Deaier," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fleation as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a defiuite disease ean be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditious, such as "Asaffection need not be stated unless important. childbirth or misearriage as "Puerperal scptichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (seeondary), 10 ds. ture of the American Medleal Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) injury, as fraeture of skuii, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory Aiways qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of may be stated under (secondary or intercurrent) State cause for Never report the head Ex-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

Y. S. No. 1.

PLACE OF DEATH /3074	STATE OF MARYLAND
County Alleu Acuces	CERTIFICATE OF DEATH
M. Bl. al 21.	Registration Dist. No.
Village or City War Willy The No.	St.; Ward) [It death occurred is a hospital or institution,
m of A	give its NAME instead of street and number.
* FULL NAME MONTHS A CHOR	- Mar Silver with manifest 1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, M. A. A.	16 DATE OF DEATH / WELL 2 5 1914
Bucos With (Write the word) well	(Month) (Day) (Yesr)
B DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
1601 1834	1914 to well 5, 191X,
(Month) (Day) (Year)	that I last saw hallve on the
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm,
	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or // 9-210	Hillral Form
particular kind et work	the Wood
(b) General nature of Industry, business, or establishment in	(Duration) / 'yrs.' mos. ds.
which employed (or employer)	Contributory Proudlites
State or country) Selework	(Secondary)
10 NAME OF JA 2	(Duration) Tyrs V mos ds.
FATHER Redoga Vogal	(Signed) (Signed), M. D.
11 BIRTHPLACE OF FATHER State or country)	Made 18, 191 4 (Address) Clicky Help
OFFATHER (State or country) All Owner Blank Services	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Della Block 8 000	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) DUOWOW	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Informant)	Former or usual residence
(Address) 2000	19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL
15 1 1 0 0 = 10	Willington Rend CV Mrurch 28, 191 V
Filed Meder 7 8,191 4 6 6 Sprisho	20 UNDERTAKER ADDRESS
REGISTRAR	Much Thee
If wore banks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the husiness or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercy-losis of lungs, meninges, pertionaeum, etc.. Carcin-

childhirth or miscarriage, as "Purrerral septicharcause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Tropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conainpie: Meastes (disease causing death), 29 de: affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medicai Association.) "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may he stated under the head (Recommendations on statement of (name origin; "Can Examples:



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Important. M

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25 [If death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED. (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, ___ Where was disease contracted. If not at place of death?. Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

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RECORD

PERMANENT

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YSICIANS should state OCCUPATION is very jo Exact statement EXACTLY. stated properly classified. pe should AGE supplied. certificate. carefully o 80 ö be n terms. a should DEATH in plain See instructions of information Item OF Important. CAUSE

Village or City

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(b) General nature of industry, business, or establishment in

which employed (or employer)

3 SEX

7 AGE

PARENTS

14 THE ABOVE

(Address)

1 PLACE OF DEATH

S SINGLE,

WIDOWED. ORDIVORCED (Write the word)

(Day

(Year)

If LESS than

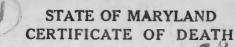
1 day hrs.

OR min. ?

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE



151 :	STATE OF MARY	LAND
CE!	RTIFICATE OF	DEATH
	Registration Dist.	No. Z S 3
obrino	St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead ot street and number.]
MEDI	CAL CERTIFICATE OF I	DEATH
16 DATE OF DEATH	Mch 2	Day (Year)
17 I HER		tended deseased from
Ach 20	44 0	28 101 V
that I last saw h. f.	100	20 ,1914
and that death occur	red on the date stated ab	ove at 4 P. m.
The CAUSE OF DEA		•
	asums,	
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***************************************	02.000,000,000.000.000.000.000.000.000.0	
4		
***************************************	4_/	yrsds.
Secondary	execution	A
	X (Doration)	yrs mos ds
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128 1	10	to ho - Til
40a 20, 1914	(Address) (Quelle	auce ma
*State the DISEAS CAUSES, state (1) TAL, SUICIDAL, or II	SE CAUSING DEATH, or, in MEANS OF INJURY; and IOMICIDAL.	deaths from VIOLENT (2) whether ACCIDEN-
18 LENGTH OF RESIL	DENCE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENTS,
At place of death yrs	In the	. yrs ds
Where was disease contract if not at place of death?	cted,	1100,
Former or usual residence	***************************************	
19 PLACE OF BUSIA	L OR REMOVAL	NON 29 101 LL

20 UNDERTAKER

ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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N. B.

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Co	PLACE OF DEATH 3077	STATE OF MARYLAND CERTIFICATE OF DEATH
00	D. C. P.V. D.	Registration Dist. No.254
VIII	1886 or City during some Sing	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	uale Colored Single, wipower, orphyorete (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 D	MATE OF BIRTH ALL (Month) (Day (Year)	that I last saw how alive on Mar. 10, 1914.
7 A		and that death occurred on the date stated above, at 1/4 30 mgm. The CAUSE OF DEATH* was as follows:
(a) par (b) bus whi	CCUPATION Trade, profession, or rticular kind of work. General nature of industry, iness, or establishmant in ch employed (or employer) RTHPLACE (State or country) Annual Co Ingle	(Duration) yrs. 1 mos. 4 ds. Contributory Max nutritue Secondary (Duration) yrs. 1 mos. 29 ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Drumanne & My 12 MAIDEN NAME Sellian Burkle	(Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
14 _T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	or Recent Residents) At place to the contracted, the contracted, the contracted, the contracted of death
	(Interment) Durwood Jungle	Former or usual rasidence
15 FIII	ed Mon 12, 1914 MM Connoc	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL My hear 20 to me 12, 194. 20 UNDERTAKER ADDRESS
	7647 800000	and the state of t

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy;". mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory tctanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) For vio-



B. No. 1.

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N.B.

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS. A PERMANENT RECORD

Village or City Curughtum (No. 1907)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 257 St.; Ward) [if death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR OIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to MeL, 15, 1914, that I last ssw here alive on Felo. 3, 1914
7 AGE (Month) (Day) (Tear) 17 AGE If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, st. 450 m, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Ouration) / yrs. /O. mos. ds.
which employed (or employer) BIRTHPLACE (State or country) LULLY AULUS	Contributory (Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) August Jase 1, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Le hestertown HST.	Ewing form Country 2 A. les Mch 7", 191 ff 20 JUN DERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has fication, "Manage" material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-""Dealer," etc., without more precise speci-Day laborer, Farm laborer, Laborer-Coal Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchepneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," childbirth or miscarriage, as "Purpresal scptichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcasles (disease causing death), 29 ds.: injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical zer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can Examples:



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certificate.

See Instructions on back

Information should

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CAUSE OF

Important.

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RECORD

PERMANENT EXACTLY.

1 PLACE OF DEATH Zum anno VIII 3 51 F 6 D/ TAC 80 (1) per (b) bus whi PARENTS OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Filed March 14 -1914

Do not know,

William THompson,

(Address) Centreville, Md.

Do not know.

3079

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 252

2FULL NAME Lizie Thompson	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Emale Colord Single, MARRIED, WIDDWED, WIDDWED, Word (Write the word)	16 DATE OF DEATH March, 13, 1914, 191— (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
Month) (Day (Year)	March 13- , 1914, to March 13 , 1914.	
If LESS than f day, hrs. X ds: OR min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:	
Trade, profession, or House Work,	Wroemic Couvilsions.	
General nature of Industry, ness, or establishment in At home, ch employed (or employer)	(Duration) yrs mos ds.	
RTHPLACE (State or country) Queen Anne County,.	Contributory Chronic helluities Secondary	
10 NAME OF Benjiman Crowner,	(Signed) W. Herry Fisher , M. D. March 14 , 191 4 (Address) Centreview has	
11 BIRTHPLACE OF FATHER (State or country) Queen Anne Co, . Md,	*State the DISEASE CAUSING DEATH or in double from William	
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT

At place	in the			
of deeth yrs mos	ts. State	yrs,	mos.	d:
Where was disease contracted,			1	Ш
If not at place of death?	*************	***************************************		
Farman an				т

usual residence 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Burisville Md, . Robt. W.Eddins,

entrevious

REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," cause for



PHYSICIANS should state Mark OCCUPATION 18 statement Exact classified. pinous properly pe may certificate. that 80 0 back terms, 6 plain instructions 2 EATH 000 OF Every item CAUSE OF Important.

RECORD

PERMANENT

3080 1 PLACE OF DEATH County

12 MAIDEN NAME

(intermant)

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OF MOTHER



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, Non-

_St.;Ward)	[if death occurred in a hospital or institution, give its NAME lostead
	of afroat and number 1

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, VICE 1914 WIOOWED. (Month) (Dav (Year) ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I sttended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country)

*State the DIMEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

At place	In the	***		
of death yrs mos ds. Where was disease contracted.	State)12	mos	61
If not at place at death?				

Former or

usual residence.

PLACE OF BURIAL OR REMOVACING DATE OF BURIAL

20 UNDERTAKER

ADDRESS

more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

13 BIRTHPLACE OF MOTHER (State or country) KNOWLEDGE (Address). REGISTRAR

202

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APRIS 1914
BURBAU, V.S.